

Bully/Harassment Incident Report

Name of person completing report/investigating (self, counselor, parent/guardian, administrator, etc):

Incident Date:

Report Date:

If this date is more than 180 days ago, you may request a waiver of the filing requirement.

____ I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint. The waiver can be requested through the OCR (<https://ocrcas.ed.gov/>).

List the name(s) and the role(s) of all person(s) involved (roles included, but not limited to: student allegedly bullied, student who allegedly bullied, witness/bystander):

Name	Role
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Nature of discrimination, harassment, or bullying alleged (check all that apply):

	Age		Socioeconomic Status		Ancestry
	National Origin		Race		Physical/Mental Abilities
	Physical Attributes		Color		Sexual Orientation
	Marital Status		Religion		Political Belief
	Familial Status		Sex		Political Party Preference
	Creed		Gender Identity		Other (please specify)

Specifics:

In the space below (or on an attached sheet), please describe what happened and why you believe that you, or someone else, has been discriminated against, harassed, or bullied. Please be as specific as possible and attached additional pages if necessary.

Name of any witnesses (if any):

What is the relationship between the people involved?

Have there been previous incidents of which you are aware?

Have any previous incidents been reported? If so, to whom/how?

What might be a positive outcome to this situation/report?

I agree that all of the information on this form is accurate and true to the best of my knowledge,

Signed: _____ Dated: _____